

Report to: STRATEGIC COMMISSIONING BOARD

Date: 26 June 2019

Executive Member / Reporting Member / Officer of Strategic Commissioning Board Dr Jamie Douglas, Governing Body GP (Ageing Well)
Councillor Eleanor Wills – Executive Member (Adult Social Care and Population Health)
Stephanie Butterworth – Director of Adults

Subject: ALLOCATION OF £1.154 MILLION ADULT SOCIAL CARE WINTER PLANS FUNDING FOR 2019-20

Report Summary: This report provides a set of high level proposals that will address some of the unmet social care need in the local economy wide system, and will transform a number of existing services. Many of the proposals will offer improvements to the whole system and will increase options and improve outcomes to people who access services. The proposals have been agreed with the Director of Operations at the Tameside and Glossop Integrated Care Foundation Trust (ICFT).

Recommendations: The Strategic Commissioning Board is recommended to:

- (a) Approve the proposals detailed in section 2 of the report with indicative allocations for each proposal provided in **Appendix 1**.
- (b) Authorise the Director of Adult Services to approve the allocation of funding to voluntary and community sector organisations (section 2.8) when the proposals are confirmed and agreed with the Director of Operations at the ICFT.
- (c) Approve the use of contingency funding to support additional related pressures and proposals that may emerge during the year that will ensure the most appropriate system wide benefits are delivered. All proposals will be financed from the total £1.154 million allocation and section 3.4 of the report explains the financing arrangements of any contingency requirements that may emerge.

Financial Implications:
(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

Integrated Commissioning Fund Section	Section 75
Decision Required By	SCB
Organisation and Directorate	Tameside MBC – Adult Services
Budget Allocation 2019/20	£ 1.154 million (non recurrent)
Additional Comments	
Section 2 of the report provides details of a number of proposals that will be funded via the Council’s allocation of £ 1.154 million from the Adult Social Care winter pressures funding.	
It is essential that the initiatives satisfy the conditions of	

the funding awarded and are implemented on a non recurrent basis as the allocation is awarded for the 2019/20 financial year only.

It is also recommended that the programme of proposed initiatives is appropriately evaluated to ensure it has addressed the primary aim of the funding award. This being to reduce pressures on the NHS by getting patients home quicker and freeing up hospital beds.

Members should acknowledge that the plans within the report have been identified to ensure there is an impact on the locality health and social care system. These should ensure that people are supported to remain at home and reduce the number of hospital attendances. In addition that people who have required a stay in hospital have a supported, timely and safe discharge.

Members should note that recommendation 3 will ensure that any additional related pressures and proposals that may emerge during the year that will deliver the most effective system wide benefits, will be appropriately financed from the total £1.154 million allocation. Section 3.4 of the report explains the related contingency funding arrangements.

Legal Implications:

(Authorised by the Borough Solicitor)

Councils were allocated the additional adult social care winter funding to assist in easing winter pressures on the NHS, aimed in particular at reducing delayed transfers of care. Allocations of monies to other areas would thus be unlawful and a misuse of funding spend, unless specifically authorised by Central Government. It was therefore a required part of the process for the proposals to be agreed in consultation with the ICFT. Councils were allocated the funding based on the Adult Social Care Relative Needs formula.

A link to this formula on the website showing allocations made to all Councils is included in the report for information.

Members may find informative a copy of the letter sent to the Council in respect of their allocation, also attached to the report.

How do proposals align with Health & Wellbeing Strategy?

The proposals align the Developing Well, Living Well programmes for action.

How do proposals align with Locality Plan?

The service is consistent with the following priority transformation programmes:

- Enabling self-care;
- Locality-based services;
- Planned care services.

How do proposals align with the Commissioning Strategy?

The service contributes to the Commissioning Strategy by:

- Empowering citizens and communities;
- Commission for the 'whole person'.

Recommendations / views of the Health and Care Advisory Group:

The report has not been presented at the Health and Care Advisory Group.

Public and Patient Implications:	It is anticipated that the investment over the winter impact will have a positive impact on the people who access and use the services that are funded through this money.
Quality Implications:	Through the delivery of this programme of investment it is anticipated that the quality of the response to people who are at risk of being socially isolated and who require support from ASC to determine their care when being discharged from hospital will see an improvement in the quality of the service offer as there will be a more prompt response.
How do the proposals help to reduce health inequalities?	Via Healthy Tameside, Supportive Tameside and Safe Tameside.
What are the Equality and Diversity implications?	<p>The proposals will not affect protected characteristic group(s) within the Equality Act.</p> <p>The service will be available to Adults regardless of ethnicity, gender, sexual orientation, religious belief, gender reassignment, pregnancy/maternity, marriage /civil and partnership.</p>
What are the safeguarding implications?	There are no anticipated safeguarding issues. Where safeguarding concerns arise as a result of the actions or inactions of the provider and their staff, or concerns are raised by staff members or other professionals or members of the public, the Safeguarding Policy will be followed.
What are the Information Governance implications?	A privacy impact assessment has not been completed. Services adhere to the Data Protection Act when handling confidential personally identifiable information.
Has a privacy impact assessment been conducted?	
Risk Management:	Close oversight of spend against this non-recurrent funding will be ensured through Adult Management Team and the returns that will be submitted to the Department of Health and Social Care.
Access to Information:	<p>The background papers relating to this report can be inspected by contacting the report writer Sandra Whitehead:</p> <p>Telephone: 0161 342 3414</p> <p>e-mail: sandra.whitehead@tameside.gov.uk</p>

1. INTRODUCTION

- 1.1 At the Conservative Party Conference in October 2018 the government announced £240 million for Adult Social Care to support winter pressures for 2018/19. Councils were allocated the funding based on the Adult Social Care Relative Needs formula with the allocation to Tameside being £1.154 million
<https://www.gov.uk/government/publications/social-care-support-grant-final-allocations-for-2019-to-2020>.
- 1.2 Government announced in January 2019 that the same level of funding (£1.154 million) would be allocated for 2019/20 to assist with pressures faced by the health and social care system over the next winter period. For information, confirmation of the grant from the Parliamentary Under Secretary of State (Minister for Local Government) along with allocations to Councils can be seen at Appendix 1.
- 1.3 The rationale for the funding from the Department for Health and Social Care remains the same - that the investment in adult social care will help local authorities reduce pressures on the NHS by getting patients home quicker and freeing up hospital beds across England. *'The extra funding, announced by Secretary of State for Health and Social Care Matt Hancock, is aimed at reducing delayed transfers of care and will be allocated to councils based on the adult social care relative needs formula'*
- 1.4 This report sets out the high level plans that have been identified to have an impact on the system in terms of supporting people to remain at home, and by doing so to reduce the number of hospital attendances, and where people have had to have a stay in hospital a timely and safe discharge is supported.
- 1.5 The proposals have been discussed and agreed with the Director of Operations at the Tameside and Glossop Integrated Care Foundation Trust (ICFT). They have also been shared with other service areas as appropriate, for example, the funding to support charities who support the homeless to ensure that this funding does not jeopardise existing provisions by placing pressure on the available resource.
- 1.6 Approaches will be made to third sector organisations and groups through Action Together to fund local initiatives that will reduce social isolation and thus reduce the chances of people accessing health services inappropriately. The feedback from the funding that was allocated for 2018-19 was very positive, with many people being supported with a hot meal, free of charge, and with other interventions to address social isolation and the issues associated with cold weather.
- 1.7 As the funding has been announced at the start of the 2019/20 financial year it will allow time to plan and recruit to initiatives in a much more planned and proactive way.

2 SPENDING PROPOSALS

- 2.2 A number of schemes are proposed that will reduce social isolation, support people to remain living safely at home and to promote a timely and safe discharge from hospital:
- 2.3 Block booking 10 transitional care home beds – there are occasions where people are delayed in hospital because a bed at their home of choice is not available. Access to beds as an interim placement will support a timely discharge from hospital to a placement until the preferred choice of home is available. These beds will be sourced through an expression of interest exercise – this approach has been discussed and agreed with STAR Procurement. The beds will be available from 1 November 2019 to 31 March 2020.

- 2.4 In-house home care service – there are occasions where people go into crisis at home, that may result in a hospital stay if appropriate support is not provided. There are also a number of people delayed in hospital, and some blockages in Reablement, due to the timescales for new packages of home care commencing. The offer of a short term in-house service will provide support to people who may otherwise end up in hospital due to a crisis at home, or be delayed in their discharge as they are waiting for a longer term provision to commence. This service will be offered until the allocated home care provider can commence the care package. This will also include an additional through the night programme. This service was offered over 2018/19 winter but was not as effective as it might have been due to the short timescale for recruiting staff into posts. It is proposed that this service is provided throughout 2019/20 as the issues faced are not only present in winter. The early notification of funding has meant that the workforce that were recruited have been retained and on-going recruitment will ensure a robust service offer.
- 2.5 Trusted Assessor Post in IUCT – Funding to carry out the trusted assessor role to support timely discharges from hospital will be extended for the full year. This post will build relationships with care providers and carry out assessments that will be accepted by the care providers and as a result reduce the timescales for providers being in a position to accept a placement. Where an individual is in hospital it is estimated that this can reduce length of stay by up to 5 days, thus improving the experience for the individual and also freeing up bed capacity.
- 2.6 Additional Social Worker Capacity – proposal for an additional 5 whole time equivalent posts across the Integrated Urgent Care Team and the Neighbourhood Teams to ensure prompt response to support admissions avoidance and prompt assessment and discharge from hospital. This resource will also support the timely review and closure of Reablement cases to maximise flow and capacity in the system. These posts will cover the period November 2019 to March 2020. Additional temporary capacity is also proposed to support the restructuring of urgent and non-urgent work across the Neighbourhood Teams and the Integrated Urgent Care Team (IUCT) – 4 whole time equivalent posts for 4 months.
- 2.7 Additional Occupational Therapy / Manual Handling Capacity – increased capacity will support the prompt assessment and reassessment of individuals to support people to remain at home safely and to support timely discharges from hospital. This resource (4 whole time equivalent Occupational Therapists / Manual Handlers will be in post from November 2019 to March 2020.
- 2.8 Housing Officer based in the Integrated Urgent Care Team – there is good evidence locally that a Housing Officer post based in the Integrated Urgent Care Team has made an impact on prompt discharges from hospital, ensuring that people with housing needs are supported into appropriate accommodation. It is proposed that this post is funded for 12 months.
- 2.9 Projects with the voluntary and community sector – an approach will be made to the voluntary and community sector, through Action Together and Age UK, for schemes, existing and new, that could be scaled up to support the purpose of avoiding social isolation and thus avoiding primary care and hospital attendances and admission and/or supporting timely discharges. The funding supported a wide range of projects during winter 2018/19, with very positive feedback from the sector with regards the impact this has made.
- 2.10 At this stage the work has not yet been undertaken to determine how this investment will be allocated. This work will be undertaken over the summer in liaison with the Director of Operations at the ICFT in time for schemes to commence in November 2019
- 2.11 Winter Package for Reablement – winter weather packs for Reablement Workers in the event of a cold winter are being proposed. These were funded for home care providers in 2018/19 and were reported to be well-used and had a positive impact for staff.

- 2.12 Offer the Community Response Service (CRS) to avoid admissions and support safe discharge – Community Response Service will be offered without charge for a trial period to vulnerable people where this will support an admission avoidance or will support a safe and timely discharge from hospital.

3 FINANCIAL OVERSIGHT

- 3.2 Expenditure against this funding will be monitored and reported to the Adult Services Management Team on a monthly basis during 2019/20.
- 3.3 As per 2018/19 arrangements, it is envisaged that regular monitoring returns will be required for submission to the Department of Health and Social Care. The timeframe of this reporting is yet to be confirmed.
- 3.4 Details of the estimated costs for each of the proposals explained in section 2 are provided in **Appendix 2**. It is possible that some of the values may vary, however the total expenditure will be within the £1.154 million allocation.
- 3.5 Members should note that should contingency funding be required to support currently unidentified / emergency pressures then the level of social work capacity (as explained in section 2.5) will be reviewed and reduced accordingly in the first instance to finance the contingency requirement. In addition the estimated funding allocations of the remaining proposals provided in section 2 of the report will also be reviewed should there be a requirement to do so to support the financing of any contingency requirements.

4 CONCLUSION

- 4.1 As a continuation to the 2018/19 winter pressures allocation, the government has allocated a further £1.154 million to the Tameside Adult Services Directorate to support system wide health and social care winter pressures for 2019/20.
- 4.2 The early notification of the funding is allowing for a more planned and co-ordinated approach to established relevant schemes that will support and avoid demand pressures.
- 4.3 A set of schemes have been proposed that require approval. It is also expected that other pressures and proposals may emerge during the next few months and flexibility to use contingency funding (as explained in section 3.4) will enable a prompt and responsive approach that will ensure the total funding awarded is utilised to deliver the most appropriate system wide benefits.

5 RECOMMENDATIONS

- 5.1 As stated at the front of the report.

Appendix 1

WINTER PRESSURES FUNDING 2019/20

REPORT SECTION	PROJECT	LEAD OFFICER	ESTIMATED ALLOCATION £
2.2	10 Transitional beds – November 2019 - March 2020	Trevor Tench	130,000
2.3	Interim In house Home Care Service - management and staffing & through the night programme	Alison White	468,000
2.4	Trusted Assessor post for 12 months	Sandra Whitehead	80,000
2.5	Social Work capacity - IUCT and Neighbourhoods - x 5 posts November 2019 – March 2020	Carol Abrams/Sharon Davies	101,890
2.5	Social Work capacity for Urgent Non-urgent work – x 4 posts for 4 months	Carol Abrams/Sharon Davies	61,000
2.6	OT/MH Capacity x 2 posts - November 2019 – March 2020	Carol Abrams	38,110
2.7	Housing Officer post for 12 months	Elaine Richardson	40,000
2.8	Voluntary Sector schemes	Trevor Tench	200,000
2.10	Winter pressure kits for Reablement staff	Alison White	15,000
2.11	Offer of CRS to avoid admission avoidance and/or at discharge to support	Vicki Gee	20,000
		Total	1,154,000